

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number 320043.429
<b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 10/633,294		Filed July 31, 2003
For TUBULAR METAL FITTING EXPANDABLE IN A WALL OPENING AND METHOD OF INSTALLATION		
Art Unit 3679		Examiner David Bochna

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>510</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a duplicate copy of this sheet.


**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration No. 54,224

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

  
\_\_\_\_\_  
Signature  
Karl Klassen  
\_\_\_\_\_  
Typed or printed name

May 12, 2006  
\_\_\_\_\_  
Date  
206-622-4900  
\_\_\_\_\_  
Telephone Number

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.**

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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